

Assessment Tools, Curricula, and Promising Practices

Available to Programs Serving LGBTQ Runaway and Homeless Youth

**Report on Tools, Curricula, and Practices**



The individuals depicted in this report are models and the images have been used solely for illustrative purposes.



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to Programs Serving LGBTQ Runaway and Homeless Youths**

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## 3/40 Blueprint: Report on Tools, Curricula, and Practices

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## Introduction

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### Background and Significance

National studies estimate there are between 1.6 million and 1.7 million youth ages 12 to 17 who experience homelessness each year (Toro, Dworsky, & Fowler, 2007). Among those youth, it is estimated up to 40% identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ; Ray, 2006). While family conflict is common across all runaway and homeless youth (RHY), research indicates that LGBTQ youth are more likely than youth who are not LGBTQ to report family rejection and being kicked out of their homes due to their sexual orientation or gender identity (Durso & Gates, 2012). In addition to family rejection, abuse may contribute to homelessness for LGBTQ youth. In one study, homeless LGB youth were 1.5 times as likely to have been abused by family members when compared to LGB youth who are not homeless (Walls, Hancock, & Wisneski, 2007). In addition to homelessness, higher levels of family rejection among LGBTQ youth lead to other negative health outcomes such as depression, substance abuse, and risky sexual behavior (Ryan, Huebner, Diaz, & Sanchez, 2009).

Age and developmental stages of LGBTQ youth may also play a role in their risk for homelessness. LGBTQ youth may be at particular risk for homelessness because they come out at a young age (Ray, 2006). Undergoing earlier sexual identity development may also lead to LGBTQ youth becoming homeless because they are cognitively less developed and running away from home is used as a coping strategy. In one study, LGBTQ



homeless youth developed their sexual identity approximately one year before those that did not become homeless (Rosario, Schrimshaw, & Hunter, 2012).

Although all homeless youth face challenges to their well-being, LGBTQ youth face even greater challenges, including victimization, substance abuse, mental health issues, and risky behaviors. Compared to homeless youth who are not LGBTQ, LGBTQ homeless youth have significantly higher levels of depressive symptoms (Cochran, Stewart, Ginzler, & Cauce, 2002) and are at higher risk of suicide attempts. In one survey, 62% of LGBTQ

homeless youth had a history of suicide attempt as compared to only 29% of other homeless youth (Van Leeuwen et al., 2006). LGBTQ homeless youth use substances more often (Cochran et al., 2002; Noell & Ochs, 2001) and are more likely to experience sexual victimization than other homeless youth (Van Leeuwen et al., 2006; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Furthermore, a greater number of LGB youth report participating in survival sex (e.g., trading sex for food, shelter, or a place to stay) than heterosexual youth (Van Leeuwen, 2006; Whitbeck et al., 2004).

Another factor that distinguishes LGBTQ homeless youth is the discrimination they may face during contact with RHY providers. Due to discrimination, after becoming homeless, LGBTQ youth are more likely to live on the streets than utilize housing services (Berger, 2006).

### Transgender Youth

Studies estimate up to 1 in 5 transgender individuals either needs housing or is at risk of losing housing (Minter & Daley, 2003). When

transgender youth experience homelessness, they may be particularly vulnerable to exclusion or discrimination by systems (Spicer, Schwartz, & Barber, 2010). Issues including bed assignment, bathroom use, and safety require special consideration when providing services to transgender RHY (Yu, 2010), yet the extent to which providers have addressed such issues is unknown.

### Youth of Color

Studies have identified that LGBTQ RHY are disproportionately youth of color. For example, a recent survey of youth in New York found that among the homeless youth who identified as LGBTQ, 44% were Black and 26% were Hispanic (Freeman & Hamilton, 2008). LGBTQ youth of color may be at increased risk of family rejection due to homophobia in their ethnic communities, or when their gender identity conflicts with accepted gender roles (Reck, 2013). They may also face discrimination upon contact with providers, particularly from those located in predominantly White communities (Reck, 2009).





## **The 3/40 Blueprint: Creating the Blueprint to Reduce LGBTQ Youth Homelessness**

This report on tools, curricula, and practices was created as part of a larger project, *The 3/40 Blueprint: Creating the Blueprint to Reduce LGBTQ Youth Homelessness*. That project was funded as a collaborative agreement with the Family and Youth Services Bureau (FYSB) of the Administration for Children, Youth, and Families to build the capacity of transitional living programs (TLPs) that serve LGBTQ youth who are homeless. As a part of this project, a Technical Expert Group (TEG) was assembled to provide ongoing consultation and input on all tasks throughout the project's four years. The TEG consisted of 14 national experts in the RHY and LGBTQ fields, including LGBTQ RHY providers, consumers/youth, advocates, and researchers.

### **Objective of the Tools, Curricula, and Practices Report**

To better support TLPs working with LGBTQ RHY, the project team researched intake, screening, and assessment tools; curricula; and promising practices used by or available to programs serving their population. While the team found some noteworthy examples of respectful and appropriate tools to use with LGBTQ runaway and homeless youth, for the most part very few tools, curricula, and practices specifically focused on the challenges faced by this population. Some tools used language steeped in the male/female dichotomy, conflated gender identity and sexual orientation, or had language and assumptions unwelcoming to LGBTQ youth and their families. This brief describes in more depth what was found, as well as recommendations for further action.

## **Methodology**

The project team collected tools, curricula, and information about promising practices in several ways. During Phase I, the project team conducted a literature review as part of a needs assessment for LGBTQ RHY. This review provided limited information about curricula and some promising practices. Those resources were collected and analyzed based on their relevance to LGBTQ RHY or how they could be adapted for LGBTQ RHY.

A survey was also sent to all FYSB-funded TLPs. Responses were reviewed from 224 organizations. The survey included questions regarding intake, screening, assessment forms; evaluation; training curriculum; organizational environment; and promising practices. The responses were analyzed quantitatively and qualitatively to identify common trends and themes. Forty-six organizations (21%) responded to the request for intake forms, although some organizations submitted referral forms or assessments instead. Twenty-six organizations (12%) responded to the request for assessment tools. However, a few organizations submitted the same form as their intake or assessment tools, so without further context it was difficult to determine what purpose the form was used.

The project team reviewed the literature and tools to determine which tools were reliable and valid, age appropriate, culturally sensitive and linguistically appropriate, and sensitive to general identity and sexual orientation, as well as the burden the tools placed on respondents. Most of the tools submitted had not been evaluated for reliability and validity, and none had been evaluated for use with LGBTQ RHY. Thus, the project team assessed the tools based on the remaining categories.

# Findings and Recommendations

## Intake Forms

### REVIEW OF INTAKE FORMS

Each respondent submitted a unique intake form. Some collected only basic information about youth, while others were longer and more intensive and combined basic data collection with some initial assessment questions. The intake forms were used to:

- Enable programs to gain basic information about youth
- Gather data necessary for grant reporting
- Determine youth eligibility for the program
- Assess a youth's immediate health and any significant risk factors, such as suicidal ideation
- Determine the general fit of a youth with the program

### POSITIVE FEATURES

Of the intake forms reviewed, the positive features identified included:

- Brevity
- Use of inclusive language about:
  - Sexual orientation, gender identity, and gender expression (SOGIE)
  - Race and ethnicity
- Comprehensible and youth-friendly language, making the form easy to read
- Open-ended questions or an option to check all that apply
- Gender-neutral language throughout
- Strength-based and positive language throughout
- The option for the youth to independently complete the form

### CONCERNING FEATURES

Of the intake forms reviewed, the concerning features identified included:

- Forms that were too long
- Extensive, intrusive questions
- Asking questions more appropriate for an assessment tool
- Using negative, accusatory, or unwelcoming language
- Inconsistent race and ethnicity questions, such as too many boxes from which to select a response
- Incorrect categorizations (e.g., related to race, ethnicity, or SOGIE)
- An emphasis on biological parents rather than more inclusive language about parents, including adoptive and foster
- Requirements for mandatory documentation such as driver's licenses, Social Security cards, or other forms
- Inquiring about SOGIE in a list of risk-taking behaviors
- Leaving off questions about SOGIE completely
- Asking probing questions about substance use and sexual health



Examples of positive features on intake forms are included in Appendix 2 and concerning features are included in Appendix 3.

## RECOMMENDATIONS

Agencies serve a variety of populations across the country; thus, they do not require uniform, standardized intake tools. However, in order to allow for a more in-depth understanding of the needs of various populations, intake tools should have common categories for capturing demographic data, particularly SOGIE, racial, and ethnic data. Furthermore, the forms filled out by youth should emphasize their SOGIE is respected. Forms should also explain why data are being collected and ensure confidentiality to the extent possible.

Specifically, intake forms should:

- Ask respectful questions about gender identity, such as:
  - What was your sex assigned at birth?
  - What sex did your doctor put on the birth certificate?
  - What is your current gender identity? (the word “current” allows for fluidity)
- Offer an “other” category with an ability to write in what “other” means
- Provide youth the opportunity to enter a chosen or preferred name in addition to their legal name
- Include questions about culture and identity
- Allow flexibility when asking who is important to the youth (e.g., intimate partners, extended family, mentors, etc.)
- Include language that lets youth know they can refuse to answer and ask their own questions
- Explain why the program needs to know the information being asked
- Include gender-neutral pronouns throughout the document

Further, intake forms should NOT:

- Include questions with dichotomous or mutually exclusive gender options (e.g., male/female).
- Have questions that ask about “father” or “mother,” but rather about broader options such as parent, caregiver, etc., and provide the opportunity to discuss family beyond their biological family
- Conflate sexual orientation with gender identity, (i.e., transgender should not be categorized with lesbian, gay, and bisexual)
- Group questions about SOGIE among questions focused on mental health concerns, criminal justice involvement, drug use, etc.; alternatively, SOGIE questions should be part of a demographic inquiry.
- Assume gender roles when asking questions of youth who are parenting

Additional recommendations obtained from the surveys that can support a helpful intake process include:

- Making intake forms brief, engaging, and accessible
- Providing youth with the opportunity to independently complete intake forms whenever possible and appropriate
- Allowing forms that are long to be completed in phases to allow clients time to develop relationships and acclimate to the program
- Staggering deeper, more intense questions over time versus asking them all at once
- Asking youth if they need support with documentation or other issues related to their identity

Finally, to ensure that the intake experience and tools used by programs are welcoming, engaging, and useful, programs should evaluate their tools with current and former clients.<sup>1</sup>

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1. Some of the respondent programs may have already completed such an evaluation. However, through our methodology, it could not be determined whether youth input had been included in the design and administration of the various intake tools being used.

## Screening and Assessment Tools

### REVIEW OF SCREENING AND ASSESSMENT TOOLS

Screening and assessment tools also varied from program to program. Nearly all assessment forms were designed to be filled out by the youth and/or a front-line staff member. Only one assessment was designed to be completed by a trained psychologist and it concluded with the diagnosis of a mental health disorder (when applicable). Some forms resembled screenings; they were brief and usually labeled as a screen or diagnostic assessment. Some were longer, more in-depth explorations about what was occurring with a youth (e.g., Ansell-Casey Life Skills Assessment) and needed to be filled out during multiple meetings. Finally, some, although not most, assessments involved the youth working with others to create safety plans and identify next steps.

Each assessment examined a variety of domains. The domains that were commonly present included: family structure and situation, current living situation, employment, education status, physical health, mental health, substance use, housing history, and court involvement. Most did not inquire about a youth's SOGIE (a small number of agencies did inquire about SOGIE at intake). Some tools broadly inquired about culture (e.g., SOGIE, ethnicity, immigration, acculturation, language, and religion), but most did not.

The screening and assessment tools being used varied in the type of information being collected. Very few programs used the same tools or even asked the same questions. Aside from the Ansell-Casey Life Skills Assessment and the Learning Inventory of Skills Training, agencies used unique tools that did not appear to be validated. Those practices may be because programs were using their own tools to better fit their particular populations. Notably, of concern are the few tools that screen or assess for current and/or past trauma, involvement in sex work, and current and/or past relationships where intimate partner violence occurred.

### RECOMMENDATIONS

Assessment tools should:

- Use gender-neutral pronouns throughout document
- Include language that lets youth know they can refuse to answer or they can ask questions, and explains to youth why the program is asking such questions
- Ask respectful questions about gender identity, such as:
  - What sex were you assigned at birth?
  - What sex did your doctor put on the birth certificate?
  - What is your current gender identity? (the word "current" allows for fluidity)
- Offer an "other" category with an ability to write in what "other" refers to
- Provide youth the opportunity to enter a chosen or preferred name in addition to their legal name
- Include questions about culture and identity
- Allow flexibility when asking who is important to the youth (e.g., intimate partners, extended family, mentors, etc.)
- Include SOGIE as part of the demographic inquiry

Assessment tools should NOT:

- Include questions with dichotomous or mutually exclusive gender options (e.g., male/female).
- Have questions that ask about "father" or "mother," but rather about broader options such as parent, caregiver, etc., and provide the opportunity to discuss family beyond their biological family
- Conflate sexual orientation with gender identity, (i.e., transgender should not be categorized with lesbian, gay, and bisexual)
- Group questions about SOGIE among questions regarding mental health concerns, criminal justice involvement, drug use, etc.
- Assume gender roles when asking questions of youth who are parenting



### INFORMATION NEEDS

Assessment tools and processes should have common categories for capturing demographic data, particularly SOGIE, racial, and ethnic data. This will allow a more in-depth understanding of the needs of various groups. Furthermore, assessment tools should address a core set of domains including: family structure and situation, current living situation, and screening for current and past experiences of trauma and violence. Screening for involvement in sex work should also be considered. Overall, the project team and members of the TEG were concerned about the capacity of TLPs to be helpful to LGBTQ youth related to these potentially sensitive topics. In response to these concerns, agencies may want to consider creating a video that demonstrates best practices for effective screening.

### NEEDS OF THE FIELD

It was not possible to reliably determine how TLPs used assessment tools with LGBTQ RHY. Based on the wide variety of tools, and the poor questioning contained in some of them, it is clear the field can benefit from specific guidance and support provided to TLP staff. Examples of that guidance might include:

- Ensuring assessment tools are completed in phases to allow clients time to develop relationships and acclimate to a program
- Asking deeper, more intense questions in a staggered pattern
- Ensuring that questions about sexual risk behaviors are not pathologizing
- Creating questions that lead to actionable responses, such as developing a plan
- Clearly explaining to youth the need for information being requested

## Curricula And Training

### REVIEW OF CURRICULA AND TRAINING

The survey sent to TLPs asked respondents to provide any curricula or training materials used. Only four organizations did so. Unfortunately, some of those documents were resource guides or protocols, so they have been more appropriately categorized as promising practices, guides, and toolkits, rather than as training curriculum.

One organization provided a syllabus for the training used to support their workers during the assessment process. Although specific to the needs of their program, the concepts in the training were applicable to all TLPs (e.g., how to manage the role of mandated reporter while simultaneously needing to effectively engage and assess youth).

In the literature review, the two following curricula were identified that, with adaption, could be used by programs serving LGBTQ RHY. Both are culturally sensitive and sensitive to needs of youth.

#### *Moving the Margins: Curriculum for Child Welfare Services with Lesbian, Gay, Bisexual, Transgender, and Questioning Youth (Elze & McHaeley, 2009)*

- This curriculum is a train-the-trainer guide for child welfare professionals working with LGBTQ youth in out-of-home care. This training provides basic concepts relevant for RHY providers. The training would need to be supplemented for RHY providers or have new material substituted for modules specific to child welfare agencies. The modules include:
  - Identifying LGBTQ issues for youth in out-of-home care
  - Increasing provider sensitivity and enhancing skills
  - Addressing confidentiality issues for LGBTQ youth in out-of-home care
  - Enhancing knowledge and skills to intervene with biological, adoptive, and foster parents
  - Addressing differential treatment in child welfare agencies
  - Addressing the needs of transgender youth in out-of-home care

#### *Toward Equity Training Curriculum by the Equity Project (Bergen et al., 2015)*

- This training and curriculum focuses on increasing the competency and skills of practitioners working with LGBTQ youth in juvenile justice settings. Elements can be used or adapted for agencies serving RHY LGBTQ youth. Lessons include:
  - Understanding SOGIE
  - Dismantling bias and fostering equity
  - Enhancing communication and building trust with LGBTQ youth
  - Reducing risk and promoting protection
  - Ensuring safety and equity in secure settings
  - Respecting and supporting transgender youth

There are a number of other reports and presentations accessible in the literature that are designed to provide background information, mostly on the poor outcomes experienced by LGBTQ RHY. Those options, however, are not specific to training and developing competent practice.

### PROMISING PRACTICES, GUIDES, AND TOOLKITS

Unfortunately, the survey garnered little information; however, many resources were found during the literature review. The resources identified were geared toward LGBTQ youth or RHY, but not LGBTQ RHY. Additional research is needed in order to fully understand if and how TLPs across the country are using identical resources.

### COMPETENCY FOR WORKING WITH LGBTQ HOMELESS YOUTH

#### *National Recommended Best Practices for Serving LGBT Homeless Youth (Lambda Legal, National Alliance to End Homelessness, National Network for Youth, National Center for Lesbian Rights, 2009)*

- This report provides brief best-practice recommendations for homeless youth service providers. Specifically, they are provided for service providers working directly and regularly with homeless youth, administrators needing to improve agency-wide culture and

effectiveness when serving LGBTQ youth, and workers and administrators in residential settings, including emergency shelters and long-term TLPs.

*Toolkit for Practitioners/Researchers Working with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Runaway and Homeless Youth (RHY; Ferguson-Colvin & Maccio, 2012)*

- This toolkit provides helpful information and recommendations about:
  - Specific evidence-based and evidence-informed programs, practice models, and assessment/evaluation tools for use with LGBTQ RHY
  - Training for workers
  - Policies to best support this population
- This toolkit recommends providers review:
  - National Recommended Best Practices for Serving LGBT Homeless Youth
  - Getting Down to Basics: Tools for Working with LGBTQ Youth in Care
  - Learning from the Field: Programs Serving Youth who are LGBTQI2-S Experiencing Homelessness

**COMPETENCY FOR WORKING WITH LGBTQ YOUTH OR HOMELESS YOUTH**

*Getting Down to Basics: Tools to Support LGBTQ Youth in Care, Fostering Transitions (Lambda Legal & Child Welfare League of America, 2012)*

- This two-page brief provides information about how RHY shelters are currently failing this population and the risks associated with being homeless for LGBTQ youth. It does not contain detailed information; however, it provides higher-level ideas and calls attention to the population. The tool directs agencies to:
  - Attend to the safety of LGBTQ homeless youth
  - Respond to the unique needs of transgender youth
  - Make appropriate, individualized, and specialized housing decisions for youth
  - Create community connections
  - Display supportive LGBTQ signs and symbols

*A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth (Marksamer, 2011)*

- This guide identifies nine problems commonly faced by transgender and gender non-conforming youth in group care. The nine problems are:
  1. Lack of respect and support for youths' gender identity and expression
  2. Gender-inappropriate placements
  3. Verbal harassment, threats, violence, and isolation
  4. Sexualizing non-conforming gender identity or expression
  5. Inappropriate labeling as sexual predators
  6. Lack of privacy and safety in bathrooms, showers, and during searches
  7. Unmet healthcare needs
  8. Barriers to safe and non-discriminatory school environments
  9. Inability to access supportive community services
- Detailed solutions for each problem are identified and described as workable, practical, and appropriate for allowing care facilities to meet safety requirements.

*CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care (Wilber, Ryan, & Marksamer, 2006)*

This best-practices guide is focused on LGBTQ adolescents involved in the child welfare and juvenile justice systems, although some information in this document is helpful for RHY. The guidelines are grounded in youth development and address SOGIE. Included is a discussion about:

- How child-serving systems can create inclusive organizational cultures
- The importance of family connections for LGBTQ youth
- How to manage sensitive client information for LGBTQ youth
- How to promote the health and well-being of LGBTQ youth in care

- Strategies that will ensure appropriate homes for youth in out-of-home care
- Strategies for keeping LGBTQ youth safe in institutional settings

*Guidelines for Providing Culturally Competent Care for Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Homeless Youth (Mayor's Office of Lesbian, Gay, Bisexual, Transgender, and Questioning Affairs, 2010)*

- Based on a 2007 report identifying practices for serving LGBTQ homeless youth, this three-page report provides guidance, although not detailed, for youth-serving agencies about:
  - Designing safe and inclusive office, group home, and shelter environments
  - Making the intake process inclusive and nonjudgmental
  - Attending to general youth care and safety
  - Creating community connections
  - Making appropriate and safe housing classifications
  - Developing agency connections to LGBTQ organizations and the community

*Working with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Youth (Minnesota Department of Human Services, 2012)*

- This practice guide is directed at supporting child welfare workers to work effectively with LGBTQ youth. Topics include:
  - Supporting youth in the coming-out process
  - Preserving relationships and placement prevention
  - Engaging youth
  - Confidentiality
  - Ensuring safety in placement and residential treatment facilities
  - Special considerations for transgender youth

*The TAY Triage Tool: A Tool to Identify Homeless Transition-Age Youth Most in Need of Permanent Supportive Housing (Rice, 2013)*

- This tool helps provide guidance regarding prioritizing homeless transition-age youth (ages 18 to 24) in need of supportive housing. It focuses on the creation of a youth-specific triage tool which prioritizes placing youth into permanent supportive housing. The research behind the tool's development is examined. It is described as quick and mostly non-invasive.

#### RECOMMENDATIONS

There are a number of resources available; however, it is essential that additional curricula be developed. Furthermore, existing curricula should be refined to focus on the needs, challenges, and experiences of LGBTQ RHY in TLPs. Further research is also needed to fully understand if and how TLPs across the country are using these resources.

Existing curricula should be refined to focus on the needs, challenges, and experiences of LGBTQ RHY in TLPs.



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## Appendix 1: References

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## Appendix 2: Examples of Positive Features Identified on Intake Forms<sup>2</sup>

1. Brevity.
  - The best intake forms were no longer than four pages.
2. Language about SOGIE and other demographic information was inclusive.
  - Youth are asked about their preferred gender pronouns and preferred name versus given name.
  - SOGIE examples:

<p><b>SEX ASSIGNED AT BIRTH</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Intersex</p> <p><input type="checkbox"/> Other _____</p>	<p><b>PRIMARY RACE/ETHNICITY</b></p> <p><input type="checkbox"/> African American/ Black</p> <p><input type="checkbox"/> American Indian/ Alaskan Native/Native American</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> Latino/Latina /Latinx</p> <p><input type="checkbox"/> Multiracial/ Multiethnic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____</p>	<p><b>SEXUAL ORIENTATION</b></p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Biattractional/ Bisexual</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Other _____</p>
<p><b>GENDER IDENTITY</b></p> <p><input type="checkbox"/> Girl/Woman</p> <p><input type="checkbox"/> Boy/Man</p> <p><input type="checkbox"/> Transgender Man</p> <p><input type="checkbox"/> Transgender Woman</p> <p><input type="checkbox"/> Genderqueer</p> <p><input type="checkbox"/> Other _____</p>		<p><b>GENDER EXPRESSION</b></p> <p><input type="checkbox"/> Feminine</p> <p><input type="checkbox"/> Masculine</p> <p><input type="checkbox"/> Androgynous</p> <p><input type="checkbox"/> Fluid</p> <p><input type="checkbox"/> Other _____</p>

3. Accessible and youth-friendly language such as:
  - I identify as a girl who is interested in other girls
  - I identify as a girl who is interested in boys
  - I identify as a girl who is interested in boys and other girls
  - I identify as a girl who is unsure or questioning
  - I identify as a boy who is interested in other boys
  - I identify as a boy who is interested in girls
  - I identify as a boy who is interested in other boys and girls
  - I identify as a boy who is unsure or questioning
4. Only basic health information is sought.

<sup>2</sup> The content in this appendix includes visual and content replications from actual agency forms. Both have been maintained so as to provide an understanding of what a youth experiences when completing the forms.

## Appendix 2: Examples of Positive Features Identified on Intake Forms

5. Forms are intended for youth to complete.
6. Questions are either open-ended or allow youth to check all that apply.
  - What kinds of things do you like to do in your free time? If you have any hobbies, include them.
  - What is the greatest strength that you possess?
  - What is something that you would like to improve or work on?
7. Gender-neutral language is used throughout the form.
  - Options such as “head of household” or “second adult” rather than mother/father
8. Language is strengths-based or positive.
  - Who would you put on your support team?
  - What parts of your identity are most important to you?
  - What are some of the most important things on your mind right now?
  - Information about what the youth can expect from the program and what the program can expect from youth is included.
9. Youth are treated as people, not statistics.

### Appendix 3: Examples of Concerning Features Identified on Intake Forms<sup>3</sup>

1. Form is too long (some were more than 20 pages long), they had not been proofread for errors, and were too intrusive for intake.
  - Example:

SEXUAL HEALTH	
Have you ever had sex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	Have you ever had oral sex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Have you ever had vaginal sex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	Have you ever had anal sex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
How many sexual partners have you had in the past 12 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-15 <input type="checkbox"/> Declined	
Have your partners been women, men, or transgender? (check all that apply) <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Transgender <input type="checkbox"/> Declined	
How often do you use condoms? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Which of the following describes when/if you used condoms? (read entire list and check all that apply) <input type="checkbox"/> Depends on what type of relationships I have with the person <input type="checkbox"/> Depends on the gender of my partner <input type="checkbox"/> Depends on what kind of sex I am having <input type="checkbox"/> Depends on whether I have one with me <input type="checkbox"/> Depends on if I've been drinking/using drugs <input type="checkbox"/> Depends on if I'm trying to make money <input type="checkbox"/> Depends on if I think the I know the persons HIV/STD status <input type="checkbox"/> Declined	
How often have you had unprotected sex while using drugs or alcohol in the past 12months (check one) <input type="checkbox"/> Few times <input type="checkbox"/> Never <input type="checkbox"/> Frequently <input type="checkbox"/> Half of the time <input type="checkbox"/> All the time <input type="checkbox"/> Declined	
Have you ever exchanged sex for money, drugs, or a place to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	
Do you ask the HIV/STD status of your sexual partners? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	
To you knowledge, have any of your partners been HIV/STD positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	
Have you ever tested positive for an HIV/STD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	
Which ones have you tested positive for? <input type="checkbox"/> HIV Result date: _____ <input type="checkbox"/> Syphilis Result date: _____ <input type="checkbox"/> Gonorrhea Result date: _____ <input type="checkbox"/> Genital Warts Result date: _____ <input type="checkbox"/> Herpes Result date: _____ <input type="checkbox"/> Chlamydia Result date: _____ <input type="checkbox"/> Hepatitis A/B/C Result date: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined	
If positive, what treatments were provided? _____	

3. The content in this appendix is both a visual and content replication of the form being referred to so as to provide an understanding of what a youth is tasked with completing. Notably, many youth might find themselves overwhelmed and/or confused when completing these forms.

## Appendix 3: Examples of Concerning Features Identified on Intake Forms

2. Language is unwelcoming and inaccessible. For example:

- Do you have a disabling condition?
- Are you an illegal alien?
- “I need permission from staff in order to go to my room, the restroom, the office or kitchen, and outside. I cannot go into another resident’s room and other residents cannot come into my room unless they are my roommate.”
- “I understand that I must knock and wait for staff permission before entering the office.”

3. Inaccurate characterizations and/or inconsistent questions about race and ethnicity. Examples:

What race BEST describes you? (You may check more than one. Those of Latin heritage should mark American Indian if their ancestry is from North, South, or Central America. Those from the Far East (including India) should mark Asian. Those from the Middle East should mark White.)

- Asian  Native Hawaiian/Pacific Islander  American Indian/Alaskan Native  
 Black/African American  White

<b>RACE</b> (check all that apply)	<b>ETHNICITY</b> (check all that apply)
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DECLINED	<input type="checkbox"/> BRAZILIAN <input type="checkbox"/> CAPE VERDEAN <input type="checkbox"/> EASTERN EUROPEAN <input type="checkbox"/> HAITIAN <input type="checkbox"/> IRISH <input type="checkbox"/> ITALIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> SUB SAHARAN AFRICAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DECLINED

**Ethnicity (check one below)**

<input type="checkbox"/> African	<input type="checkbox"/> African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian/Asian American
<input type="checkbox"/> Native American/Alaskan American	<input type="checkbox"/> Unknown

Multiracial: Specify \_\_\_\_\_  
 Other \_\_\_\_\_

### Appendix 3: Examples of Concerning Features Identified on Intake Forms

Race	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Hmong <input type="checkbox"/> Other
Secondary Race (leave blank if none indicated)	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Hmong <input type="checkbox"/> Other _____

<i>Third Race (check one):</i> <i>Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Fourth Race (check one):</i> <i>Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Fifth Race (check one):</i> <i>Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

4. Forms that are more like assessments at intake, rather than intake forms.
  - Three organizations provided the same form for intake and assessment; thus the additional context and exact use of the forms is unknown.
5. Emphasizing biological parents.
  - When asking about parents, many forms asked about biological mother and biological father. How will adopted youth negotiate answering those questions?
6. Leaving SOGIE off completely.

## Appendix 3: Examples of Concerning Features Identified on Intake Forms

### 7. Incorrect categorizations.

- Conflating sexual orientation and gender identity, for example:
- How would you describe your sexual orientation?
  - Heterosexual
  - Homosexual
  - Bisexual
  - Transgender Male to Female
  - Transgender Female to Male
  - Other \_\_\_\_\_
- Have you ever been an IV drug user, been sexually active with someone who used IV drugs, or sexually active with someone who is bisexual?
  - Yes
  - No



## Appendix 3: Examples of Concerning Features Identified on Intake Forms

### 8. Asking for mandatory documentation. For example:

MANDATORY DOCUMENTATION			
A. TWO PIECES OF IDENTIFICATION	YES	NO	IF NO, WHEN?
1. SOCIAL SECURITY CARD			
# _____			
2. BIRTH CERTIFICATE			
3. STATE IDENTIFICATION			
4. DRIVER'S LICENSE			
# _____			
B. HEALTH	YES	NO	IF NO, WHEN?
1. PHYSICAL (WITHIN 1 YR PRIOR OR WITHIN 72 HOURS)			
2. MUST INCLUDE:			
3. CBC			
4. VISION			
5. HEARING			
6. DRUG SCREEN			
DATE OF PHYSICAL: EXAMINER:			
7. DENTAL EXAM (WITHIN 1 YR PRIOR OR WITHIN 30 DAYS)			
DATE OF DENTAL: EXAMINER:			
8. MEDICAL RECORDS OBTAINED?			
9. IMMUNIZATION RECORD			
C. CURRENT CUSTODY DOCUMENTS	YES	NO	IF NO, WHEN?
DATE OF DOCUMENT:			
DATE OF EXPIRATION:			
D. MEDICATIONS	YES	NO	IF NO, WHEN?
(MEDICATIONS MUST BE RECEIVED ON PLACEMENT DATE)			
IF YES, PLEASE LIST			
1.			
2.			
3.			
E. APPLIED FOR FOOD STAMPS	YES	NO	IF NO, WHEN?
DATE APPLIED:			
F. APPLIED FOR SSI	YES	NO	IF NO, WHEN?
DATE APPLIED:			
G. APPLIED FOR SPONSORSHIP			
DATE APPLIED:			
H. PSYCHOLOGICAL EVALUATION (S)			
DATES(S):			
I. SOCIAL HISTORY			
J. PREVIOUS MEDICAL DOCUMENTATION			
K. PICTURE			

## Appendix 3: Examples of Concerning Features Identified on Intake Forms

### 9. Too many boxes with too much detailed information for the intake process.

**Income:**

Have you received income from any source in the past 30 days?

Yes  No  Don't know  Refused to answer

**Please mark the source of income and indicate the amount:**

<input type="checkbox"/> Food Stamps	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Part-time Employment	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Full-time Employment	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Part-time Employment Spouse	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Supplemental Security Income	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Supplemental Security Income (SSI for Your Child)	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Social Security Disability Income (SSDI)	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Supplemental Security Income Spouse	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Supplemental Security Assistance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Temporary Rental Assistance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> State Children's Health Insurance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> TANF Child Care Services	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> TANF Transportation Services	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Unemployment Insurance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Veteran's Disability Compensation	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> VA Health Care	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> VA Disability Compensation	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Veteran's Pension	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Private Disability Insurance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Worker's Compensation	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> General Assistance (GA)	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Temporary Cash Assistance (TCA)	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Rental Assistance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Other Non-cash Assistance	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Other TANF Funded Services	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Medicare	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Medicaid	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> WIC Nutritional Program	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Vocational Rehabilitation	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Retirement Income from Social Security	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Pension from Former Job	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Child Support	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Alimony or Other Spousal Support	Frequency: _____	Rate: \$ _____	Total: \$ _____
<input type="checkbox"/> Other Sources	Frequency: _____	Rate: \$ _____	Total: \$ _____

*Total for 30 days: \$ \_\_\_\_\_*



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